

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKRECEIVED
SDNY PRO SE OFFICE
2016 FEB 10 AM 10:41Udo Williams

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

City of Newburgh, Newburgh Police
Dept. Sergeant Weaver, P.O. Bickler,
P.O. Magnano, et. al

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☐ Yes ☐ No
(check one)

16CV1146

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Udo Williams

ID #

201505870

Current Institution

Orange County Jail

Address

110 Wells Farm Rd Goshen, New York 10924

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

Sergeant Weaver

Shield #

272

Where Currently Employed

City of Newburgh Police Dept

Address

Broadway Newburgh, NY 12550

Defendant No. 2

Name

PO. Mugnano

Shield # 575

Where Currently Employed

City of Newburgh Police Dept

Address

Broadway Newburgh, NY 12550

Defendant No. 3

Name

Shield #

Where Currently Employed

Address

Defendant No. 4

Name

Shield #

Where Currently Employed

Address

Defendant No. 5

Name

Shield #

Where Currently Employed

Address

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

Orange County Jail 110 Wells Farm rd Goshen New York
10924

B. Where in the institution did the events giving rise to your claim(s) occur?

C. What date and approximate time did the events giving rise to your claim(s) occur?

After he found nothing he said he was going to charge me with Cocaine and marijuana since I was being a hard ass. This isn't the first time we've been constantly harassed by Officer's Mugano, Sickler, and Sgt. Weaver subject to being searched when they see me on the street. This has been the third time we've been stopped and searched. I really feel violated to have another man looking in my behind for no reason at all and being threatened because im on parole does this give any police Officer the right to look into my butt hole if we did nothing wrong but have a heated conversation with my Girlfriend that was negotiable.

D. Facts:

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

On November 11th 2015 at 4:55 on the 2 following police officers Sickler and Munnapp were in an unmarked car with their Sergeant Weaver while me and my girlfriend Kenya Barrett were in a empty lot across the street from 18 South Lander waiting for a cab they suddenly came to a stop when they seen multiple men standing around. Sergeant Weaver then exited the drivers side first while the two other officers got out crossing on me instead of the other guys they approached me aggressively grabbing me by my jeans so there was no escape they started questioning me about someone who we never seen or heard of before when I answered no they forced me to the ground and started searching me calling me names and social slurs when they were done searching me they looked on the ground and found a weed clip that's when they put it in a evidence envelope arrested me then brought me to the station. When I got there they cuffed me to the bench about 20 min later 2 of the officers then uncuffed me and took me into the locker room where they constantly told me to strip. After I took my time one of the officers kicked me from behind and grabbed me by my collar after roughing me up finally I got undressed fully they made me squat and cough over and over while I was doing this the other officer came back in with gloves on and went in my backside private area.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Mental Anguish, Depression,

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☐ No ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

not a grievance issue

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ____ No ____ Do Not Know ____

N/A

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ____ No ____ Do Not Know ____

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ____ No ____

Not A Grievance Issue

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ____ No ____

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve?

2. What was the result, if any?

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: N/A

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

Punitive Damage - 200,000
Compensative Damage - 250,000, Mental Anguish 500,000

Plaintiff Respectfully request that the Court Grant relief in
the amount of 200,000 dollars and whatever the Court may
deem necessary.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☐ No ☒

On
these
claims


I declare under penalty of perjury that the foregoing is true and correct.

Signed this 23 day of January, 2016.

Signature of Plaintiff

Inmate Number

Institution Address


20X505870
Orange County Jail
110 Wellsford Rd Goshen
New York 10924

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 23 day of January, 2016, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

